

# CHAPLAIN

## MONTHLY

Mail to: Grand Chaplain

## AUXILIARY

Date Due: 1<sup>st</sup> of Month

Date: \_\_\_\_\_ Auxiliary Name & No.: \_\_\_\_\_

Membership on April 30, 2017 \_\_\_\_\_

### AS AUXILIARY CHAPLAIN:

Cards sent by **you**: Get Well: \_\_\_\_\_ \$Amount Spent on: Phone calls: \$ \_\_\_\_\_

Sympathy: \_\_\_\_\_ Memorials: \$ \_\_\_\_\_

Thinking of you: \_\_\_\_\_ Flowers, Gifts, Food: \$ \_\_\_\_\_

(include e-mail messages in the card count) Postage: \$ \_\_\_\_\_

Number of phone calls made to the sick: \_\_\_\_\_

Number of visits made to the sick: \_\_\_\_\_

Number of funerals attended: \_\_\_\_\_

### AUXILIARY REPORTS:

Cards sent by **members**: Get Well: \_\_\_\_\_ \$Amount Spent on: Phone calls: \$ \_\_\_\_\_

Sympathy: \_\_\_\_\_ Memorials: \$ \_\_\_\_\_

Thinking of you: \_\_\_\_\_ Flowers, Gifts, Food: \$ \_\_\_\_\_

(include e-mail messages in the card count) Postage: \$ \_\_\_\_\_

Number of phone calls made to the sick: \_\_\_\_\_

Number of visits made to the sick: \_\_\_\_\_

Number of funerals attended: \_\_\_\_\_

Please **PRINT** the name and address of ill members in your auxiliary. (Please state illness.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRINT** Name of deceased members in **YOUR** auxiliary. Include **Date of Death** and name and address to send cards.

\_\_\_\_\_  
\_\_\_\_\_

Please send sympathy cards to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use reverse side to give a short summary of your activities as Chaplain.

**Auxiliary Chaplain's Name**

**Address, City, State, Zip**

E-mail: \_\_\_\_\_

# CHAPLAIN

## YEAR-END

Mail to: Grand Chaplain

Date: \_\_\_\_\_

Membership on April 30, 2017 \_\_\_\_\_

## AUXILIARY

Due Date: Grand Chaplain sets date

Auxiliary Name & No.: \_\_\_\_\_

### AS AUXILIARY CHAPLAIN:

Cards sent by **you**: Get Well: \_\_\_\_\_

Sympathy: \_\_\_\_\_

Thinking of you: \_\_\_\_\_

(include e-mail messages in the card count)

Number of phone calls made to the sick: \_\_\_\_\_

Number of visits made to the sick: \_\_\_\_\_

Number of funerals attended: \_\_\_\_\_

**\$Amount Spent on:** Phone calls: \$ \_\_\_\_\_

Memorials: \$ \_\_\_\_\_

Flowers, Gifts, Food: \$ \_\_\_\_\_

Postage: \$ \_\_\_\_\_

### AUXILIARY REPORTS:

Cards sent by **members**: Get Well: \_\_\_\_\_

Sympathy: \_\_\_\_\_

Thinking of you: \_\_\_\_\_

(include e-mail messages in the card count)

Number of phone calls made to the sick: \_\_\_\_\_

Number of visits made to the sick: \_\_\_\_\_

Number of funerals attended: \_\_\_\_\_

**\$Amount Spent on:** Phone calls: \$ \_\_\_\_\_

Memorials: \$ \_\_\_\_\_

Flowers, Gifts, Food: \$ \_\_\_\_\_

Postage: \$ \_\_\_\_\_

**PRINT** Names of deceased members of **YOUR** Auxiliary. Include date of death and name and address to send cards.

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**Attach a summary of your activities over the year you served as Auxiliary Chaplain to be in competition for Grand Chaplain of the Year. Include only those activities pertaining to your office.**

Auxiliary Chaplain's Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

# CHAPLAIN

## MONTHLY

## GRAND

Mail to: **Supreme Chaplain**  
Jennifer Winn  
952 Avatar Drive  
Virginia Beach, Va. 23454

Due Date: 15th of each month  
Home: (757) 721-0002  
E-mail: Jen\_moca@cox.net

Month of \_\_\_\_\_ Date: \_\_\_\_\_ GRAND \_\_\_\_\_  
Number of Auxiliaries in Grand \_\_\_\_\_ Number of Auxiliaries reporting \_\_\_\_\_

### AS GRAND CHAPLAIN:

Cards sent by **you**: Get Well: \_\_\_\_\_ **\$Amount Spent on:** Phone calls: \$ \_\_\_\_\_  
Sympathy: \_\_\_\_\_ Memorials: \$ \_\_\_\_\_  
Thinking of you: \_\_\_\_\_ Flowers, Gifts, Food: \$ \_\_\_\_\_  
(include e-mail messages in the card count) Postage: \$ \_\_\_\_\_  
Number of phone calls made to the sick: \_\_\_\_\_  
Number of visits made to the sick: \_\_\_\_\_  
Number of funerals attended: \_\_\_\_\_

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### AUXILIARY REPORTS:

Cards sent by **members**: Get Well: \_\_\_\_\_ **\$Amount Spent on:** Phone calls: \$ \_\_\_\_\_  
Sympathy: \_\_\_\_\_ Memorials: \$ \_\_\_\_\_  
Thinking of you: \_\_\_\_\_ Flowers, Gifts, Food: \$ \_\_\_\_\_  
(include e-mail messages in the card count) Postage: \$ \_\_\_\_\_  
Number of phone calls made to the sick: \_\_\_\_\_  
Number of visits made to the sick: \_\_\_\_\_  
Number of funerals attended: \_\_\_\_\_

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### **CALL THE SUPREME CHAPLAIN IF A SUPREME OFFICER, SUPREME CHAIRMAN, OR GRAND PRESIDENT IS ILL OR DECEASED.**

**Print name and address of ill members of Your Grand only. Please include illness.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Print name and Aux # of deceased MOCA members of Your Grand. Include date of death and name and address to send cards.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grand Chaplain's Name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_  
E-mail: \_\_\_\_\_

# CHAPLAIN

# GRAND

## YEAR-END

Grand Convention

Mail to: **Supreme Chaplain**

Jennifer Winn

952 Avatar Drive

Virginia Beach, Va. 23454

Due Date: Immediately following

Grand Convention

E-mail: Jen\_moca@cox.net

Date: \_\_\_\_\_

Grand: \_\_\_\_\_

Number of Auxiliaries in Grand \_\_\_\_\_

Number of Auxiliaries reporting to you \_\_\_\_\_

Auxiliaries (by the number) that reported monthly \_\_\_\_\_

### AS GRAND CHAPLAIN: (year-totals)

Cards sent by **you**: Get Well: \_\_\_\_\_

Sympathy: \_\_\_\_\_

Thinking of you: \_\_\_\_\_

(include e-mail messages in the card count)

**\$Amount Spent on:** Phone calls: \$ \_\_\_\_\_

Memorials: \$ \_\_\_\_\_

Flowers, Gifts, Food: \$ \_\_\_\_\_

Postage: \$ \_\_\_\_\_

Number of phone calls made to the sick: \_\_\_\_\_

Number of visits made to the sick: \_\_\_\_\_

Number of funerals attended: \_\_\_\_\_

Did you conduct Memorial Services at your Grand Convention? \_\_\_\_\_

### AUXILIARY REPORTS: (year-totals)

Cards sent by **members**: Get Well: \_\_\_\_\_

Sympathy: \_\_\_\_\_

Thinking of you: \_\_\_\_\_

(include e-mail messages in the card count)

**\$Amount Spent on:** Phone calls: \$ \_\_\_\_\_

Memorials: \$ \_\_\_\_\_

Flowers, Gifts, Food: \$ \_\_\_\_\_

Postage: \$ \_\_\_\_\_

Number of phone calls made to the sick: \_\_\_\_\_

Number of visits made to the sick: \_\_\_\_\_

Number of funerals attended: \_\_\_\_\_

**Print** Name and Auxiliary Number of deceased members of **Your** Grand. Include date of death and name and address to send cards.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a Summary of your activities over the year you served as Grand Chaplain to be in competition for Supreme Chaplain of the Year. Include only those activities pertaining to your office.**

Grand Chaplain's Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

E-mail: \_\_\_\_\_